

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)								SERIAL NO.	FILING DATE		
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
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4							54				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
<b>TOTAL IND.</b>							<b>TOTAL IND.</b>				
<b>TOTAL DEP.</b>							<b>TOTAL DEP.</b>				
<b>TOTAL CLAIMS</b>							<b>TOTAL CLAIMS</b>				